

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E AUG 17 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11485</u> n/a - first filing	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jeremiah SULLIVAN</u> P.O. Box, Bldg., Room No., if any <u>2nd Floor</u> Street <u>4 Court Square</u> City <u>Long Island City</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>	3. Name, file number, and address of labor organization. Name <u>Bricklayers & Allied Craftworkers LU 1</u> Labor Organization File Number <u>540-021</u> P.O. Box, Building and Room Number, if any <u>2nd Floor</u> Street <u>4 Court Square</u> City <u>Long Island City</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>
5. Position in labor organization. <u>Secretary - Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. <div style="text-align: right;">0</div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Jeremiah Sullivan</u>	On <u>7-7-05</u> Date	(718) 392-0525 Telephone Number

Name of Person Filing JERIMIAH SULLIVANFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE SEGAL CO.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1 PARK AVECity NEW YORKState NY ZIP Code + 4 10016-5895

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BRICKLAYERS UNION LOC. 1Trade Name, if any: UNION BENEFIT FUNDS

P.O. Box, Bldg., Room No., if any _____

Street 6605 WOODHAVEN BLVD.City REGO PARKState NY ZIP Code + 4 11374

11.a. Nature of such dealing.

CONSULTANTS + ACTUARIES11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

SPONSORED DINNER BEFORE
GENERAL MEMBERSHIP MEETING.12.b. Amount APPROX. 43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street One Park Avenue

City New York

State N.Y. ZIP Code + 4 10016-5895

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Stone Setters Pension & Annuity Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 12th Floor

Street 153 West 35th Street

City New York

State N.Y. ZIP Code + 4 10001

11.a. Nature of such dealing.

Health & Pension Consultants & Actuaries

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

Sponsored a lunch directly after a Board of Trustees Meeting. The value of the meal is estimated.

12.b. Amount \$ 40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing JEAN MIAH SULLIVANFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HOLM + O'HARA LLP

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 420 LEXINGTON AVECity NEW YORKState NY ZIP Code + 4 10170-1799

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

UNION ATTORNEY11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

ATTENDANCE AT GOLF TOURNAMENT12.b. Amount APPROX 175.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing JEREMIAH SULLIVANFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERNATIONAL MASONRY INSTITUTE

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 42 EAST STREETCity ANNAPOLISState MARY LAND ZIP Code + 4 21401

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

PAYMENTS ARE MADE TO THE INT'L
MASONRY INSTITUTE PURSUANT TO
COLLECTIVE BARGAINING NEGOTIATED
BY THE UNION.

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

EXPENSE REIMBURSEMENTS FOR
ATTENDANCE AT ANNUAL MEETINGS

12.b. Amount 1,141

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

Jeremiah SULLIVANFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Stone Setters Pension & Annuity Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 12th FloorStreet 253 West 35th StreetCity New YorkState NY ZIP Code + 4 10001

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Sponsored benefit plan providing benefits to covered members of labor union.11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I attended the American Alliance Conference on Employee Benefit Plans held in Orlando Fl. in May 2004. I rec'd reimbursed exp's directly or indirectly for registration, airfare, lodging, meals & transportation12.b. Amount \$ 3,212.35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

Jeremiah SULLIVANFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Labor Management Cooperation
Committee (IMCC)

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 4 Court SquareCity Long Island CityState NY ZIP Code + 4 11101

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Joint labor management committee created to promote union labor in the industry & various charities.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

In June 04, our IMCC sponsored a golf outing at ICC, with proceeds going to Muscular Dystrophy Association. I attended, dined, but did not play golf. The value of meal & beverage is estimated.

12.b. Amount Approx. \$90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

Jeremiah SullivanFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bricklayers & Allied Craftworkers
Fringe Benefit Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 66-05 Woodhaven BoulevardCity Rego ParkState NY ZIP Code + 4 11374

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Sponsored benefit plan providing benefits
to covered members of labor union.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I attended a Christmas party held on
12/16/2004. I do not know if the value of
what I consumed exceeded \$25.

12.b. Amount unknown

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing JEREMIAH SULLIVAN

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Vladeck, Waldman, Elias, & Engelhard PC

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1501 BroadwayCity New YorkState N.Y. ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Union attorney11.b. Approximate dollar value of such dealing. \$14,309.-

12.a. Nature of interest held or income received.

I received a Christmas gift from the firm. The value of the gift is estimated.12.b. Amount \$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing JEREMIAH SULLIVANFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Self-Insured Dental ServicesTrade Name, if any: Administrative Services OnlyP.O. Box, Bldg., Room No., if any Suite 300Street 303 Merrick RoadCity LynbrookState N.Y. ZIP Code + 4 11563-2501

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bricklayers & Allied Craftworkers
Fringe Benefit Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 66-05 Woodhaven Blvd.City Rego ParkState NY ZIP Code + 4 11374

11.a. Nature of such dealing.

Service Provider11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

I played a round of golf & had lunch
with principle of the firm. The value
is estimated.12.b. Amount \$100.-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

Jeremiah Sullivan

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gould, Kobrick & Schlapp

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite 4309Street 350 5th Ave.City New YorkState NY ZIP Code + 4 10118

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.
Union auditor11.b. Approximate dollar value of such dealing. 9,500

12.a. Nature of interest held or income received.

I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.

12.b. Amount Approx. 100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

JEREMIAH SULLIVANFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gould, Kobrick & Schlapp

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite 4309Street 350 5th Ave.City New YorkState NY ZIP Code + 4 10118

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.
Union auditor11.b. Approximate dollar value of such dealing. 9,500

12.a. Nature of interest held or income received.

I received a Christmas gift from the firm.
The value of the gift is estimated.

12.b. Amount

Approx. 75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

JEREMIAH SULLIVAN

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Quar-Vest Consultants, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

390 Plandome Road

City

Manhasset

State

N.Y.

ZIP Code + 4

11030

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Pointers Cleaners & Caulkers Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

66-05 Woodhaven Blvd.

City

Rego Park

State

NY

ZIP Code + 4

11374

11.a. Nature of such dealing.

Investment Consultant to Benefit Fund.

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

Meet for lunch. The value is estimated.

12.b. Amount

\$44.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.a. Is the Business an Employer

☐

or Consultant

☐

14.b. Amount of payment.

0

Name of Person Filing

JEREMIAH SULLIVAN

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Quar-Vest Consultants, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

390 Plandome Road

City

Manhasset

State

N.Y.

ZIP Code + 4

11030

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Bricklayers & Allied Craftworkers
Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

66-05 Woodhaven Blvd.

City

Bego Park

State

N.Y.

ZIP Code + 4

11374

11.a. Nature of such dealing.

Investment Consultant to Benefit Fund

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I played a Round of golf & had lunch with principle of the firm. The value is estimated.

12.b. Amount

\$195.-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0